Filing

Approved for use through 9/30/00. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number DECLARATION FOR UTILITY OR First Named Inventor Jyh Chain Lin DESIGN PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Filing Date ☑ Declaration ☐ Declaration OR Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Examiner Name required)

As a below named inventor, I hereby declare that:										
Му	My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
	DRIVING A									
th X	is attached here			(Ti	tle of the Inv	rention)				
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT Inte								CT International		
						(if applicable).				
l her ame	eby state that I have nded by any amend	reviewed nent speci	and under	stand the	contents of	the above ide	ntified	specificatio	on, including the c	laims, as
	nowledge the duty t		-			patentability a	s defin	ed in 37 Cl	FR 1.56.	
Ameri	by claim foreign pri cate, or 365(a) of ai ca, listed below and iny PCT internationa	have also	identified t	application	on which de	signated at le	east on	e country	other than the U	
Prior Foreign Application Number(s) C			Country		Foreign Filing Date (MM/DD/YYYY)			riority Claimed	Certified Cop YES	by Attached?
	91137948	T	aiwar	1	Dec/	31/02		0000		
□Ad	ditional foreign appli	cation num	bers are li	sted on a	supplemen	tal priority data	a sheet	PTO/SB/0	2B attached here	to:
I her	eby claim the benefit	under 35	U.S.C. 119	e) of an	y United Sta	tes provisiona	l applic	cation(s) lis	ted below.	
Ap	plication Number	er(s)	Fil	ing Date	(MM/DD/	YYYY)		-		
								numbe supple	onal provisional ers are listed on mental priority B/02B attached	a data sheet
		· · · ·								

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this pox	-	+

PTO/Saint 172 971
Addrayed for use inrough 9/30/00. CMB 0651-0032
Patent and Trademark Office; U.S. CEPARTMENT OF COMMERCE
3 valid OMB control number.

DECLARATION — Utility or Design Patent Application

							- 70 1.1 O C			
I nereby claim the benefit United States of America United States or PGT Inte information which is mate and the national or PGT in				21 21 2001 01 016	Canna or mis	3001103110	in is not disclo	isea in the c	20100	
U.S. Parent Application or PCT Parent				1 -						
	Number		•	(MM/DO)	ng Date		arent Patent Number			
MUMBER				IMMIDOLUCIO			(if applicable)			
🔲 Accinonal U.S. or 20	Tinternational accilica	ladn numbers are	e listed on	a supplemental p	money data sa	ar aroys	12/079 AU303			
s a named inventor i pers	ery appoint the following	ina registerea ar-	acresion and	ni siuoseono oi la	is application a	od to trac	E3C 3/ Busine	C rist sto.		
nd Trademark Office conn	ected therewith: 🖸	Customer Numb	er 2	3859			ace Cنا		tau:	
	. —	OR		····			Number S	lar Code	- 11	
				name/registration	number listed	below ([202]	3.3/3		
Name		Registr Numt		1	Name		Registration			
								Mumber		
									1	
Additional redistered on	actitioner(s) named or	n succiemental A	Redistared	Practitioner Infor	mation sheet	TO/\$8/0:	2C 3535704 hs		_	
irect all correspondenc					i	10/33/0	an nemocratic	irein		
out an correspondent		er Number Code Label	25	359	OR [Corres	condence ad	dress belo	l	
1 .										
vame		٠							_	
ĺ									_	
ddress									- 1	
Address !				,						
City	•			State		_	_			
Country		Teleshone		- Cittle 1	Z;					
neregy declare inar all sia	Lamente made harak	- of			! Fa		·		ᆀ.	
nereby declare that all sta elieved to be true; and fur inishable by fine or impris eplication or any patent issu	soment or both un	ments were mad der 18 U.S.C. 10	iwledge a la with thi 001 and t	re true and that a knowledge that hat such willful for the such willful for the such willful for the such willful for the such will full full for the such will full full for the such will full full full full full full full f	all statements willful false s alse statemen	made on tatements ts may je	information a and the like : poardize the v	nd belief are so made are ralidity of the	0 0	
ame of Sole or Firs	t Inventor:			A petition h	as been filed	for this	unsigned inv	entor	-	
Given Name (first and middle (if	anyi)			Equity Ma				-[
			i		Family Na		marre.		\dashv	
	Jyh Chain				I	in				
ignature	1 in Oh	Mar	ns				1	12/01	ا ر	
	(100 // //	7	 -				Oate	12/02	2/(
esidence: City	Tu-chen	State		Country	Madra	_			1	
		1 0 10 10 1	<u> </u>	COBILLY	<u>Taiwa</u>	.11	Citizenship	Talwa	<u>a</u> n	
st Office Address	1650 Memo	orex Dr	ive							
ost Office Address			 .					·	\dashv	
							<u> </u>		1	
	lara State	CA	ZIP	95050	. c	ountry	U.S.	<u>A.</u>		
Additional inventors ar	e being named on	thesuppl	emental	Additional Inve	ntor(s) sheet	(s) PTO			7	
						,3,610	ション・コンス みりしょく	JORG BUILDER		